

# Best Available Copy

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	0169103	FILING DATE	10/16/00
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14	1					
15	1					
16	0					
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	26	↓	↓	↓	↓	↓
TOTAL CLAIMS	24					

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS						